



North Carolina Department of Health and Human Services

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Mission Statement

North Carolina will provide people with, or at risk of, mental illness, developmental disabilities and substance abuse problems and their families the necessary prevention, intervention, treatment, services and supports they need to live successfully in communities of their choice.

Welcome

The Division of Mental Health, Developmental Disabilities and Substance Abuse Services, in collaboration with its partners is committed to providing quality care that enriches the lives of consumers and their family members. The purpose of this brochure is to provide a brief summary of the services and supports available to North Carolina consumers and their families.

Our six guiding principles are that services and supports will be participant driven, community based, prevention focused, recovery outcome oriented or support maximum self-determination for individuals with developmental disabilities, will reflect best treatment/support practices, and will be cost effective. Our commitment is to build an effective and efficient mental health, developmental disabilities and substance abuse service system in North Carolina.

DMH/DD/SAS Co-Directors:

Leza Wainwright



Leza Wainwright

Dr. Mike Lancaster



Michael S. Lancaster, MD

Guiding Principles

Participant driven: Service and support options are participant-driven using person-centered planning to meet individual needs and choices.

Community based: Local services and supports assist consumers with locating gainful employment and independent living in communities of their choice.

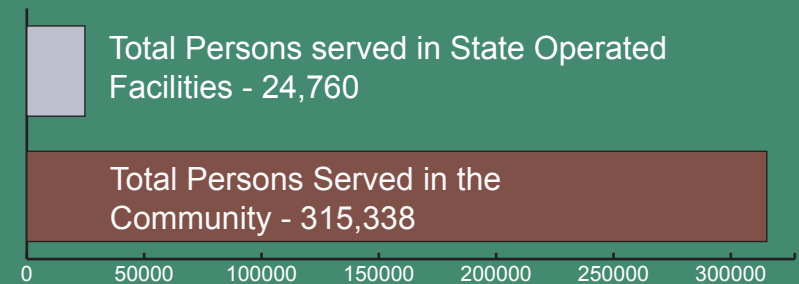
Prevention focused: Services and supports focus on preventing a decline in consumer mental health, developmental disability or substance abuse condition and on planning for possible crises.

Recovery and/or self-determination outcome oriented: Recovery-oriented service systems provide basic assessment, service planning, treatment (emergency and compulsory), risk/safety concerns and support that are focused on recovery of a meaningful life for the consumer.

Reflect best treatment / support practices: Person-centered planning will include services and supports that have been classified as "Best Practices" because of their treatment success.

Cost effective: Providing cost effective services that are accessible, appropriate, available and affordable to the residents of North Carolina.

2007
Total Persons Served



Division Spotlight

Advocacy and Customer Service Section:

This section leads the division's efforts to create a community where people with disabilities are valued and treated with dignity and where stigma, accompanying attitudes, discrimination and other barriers to recovery are eliminated. The State Facilities Advocates Team oversees rights protection and advocacy for consumers in the state operated facilities. The Customer Service and Community Rights Team ensures protection of the rights of consumers served in the community, oversees response to complaints and monitors community customer service. The Consumer Empowerment Team works to ensure a consumer and family voice in the MH/DD/SAS system and provides technical assistance to local consumer and family advisory committees (CFACs), to local consumer controlled advocacy organizations and to self-advocacy initiatives.

Mental Health

The Division of Mental Health, Developmental Disabilities and Substance Abuse Services offers a vast array of mental health services to the consumers in the State of North Carolina. These services are designed to offer treatment, recovery and ongoing support to persons within our state who need assistance with mental health issues. These services are provided in the consumers' community of choice as well as through state operated facilities.

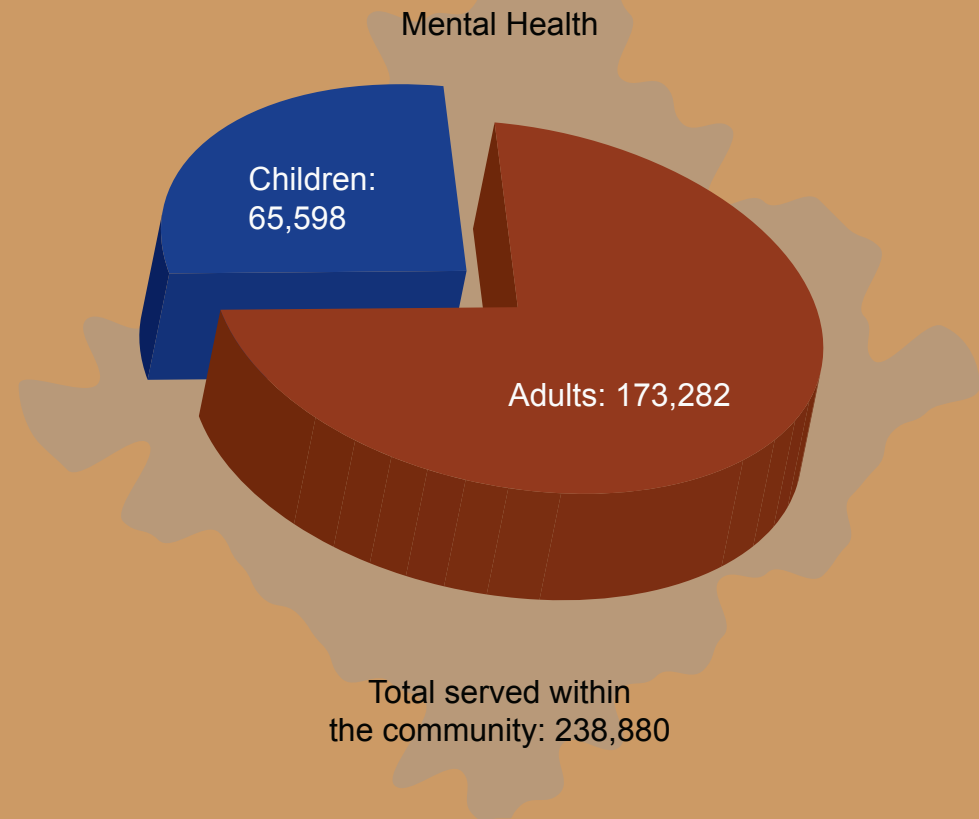
The division works to ensure that the services offered promote the best practices that are effective in improving outcomes for consumers. This is accomplished in several ways: 1) The expertise of clinical staff within the division is utilized, 2) The division works collaboratively with other state agencies, local management entities, law enforcement, consumers and advocates, and 3) The division implemented the use of the person-centered plan as a tool which ensures the voice of all consumers is heard and valued. These efforts will greatly improve mental health services in the State of North Carolina.

Division Spotlight

Community Policy Management Section:

This section provides leadership, guidance and oversight of the community-based service delivery system. The section performs the functions of the single state agency (SSA) for substance abuse and of the state methadone authority. It is organized into the following teams: the Quality Management Team, the Best Practice and Community Innovations Team, the Local Management Entity Systems Performance Team, the Justice Systems Innovations Team and the Prevention and Early Intervention Team. The Employee Assistance Program is also included in this section.

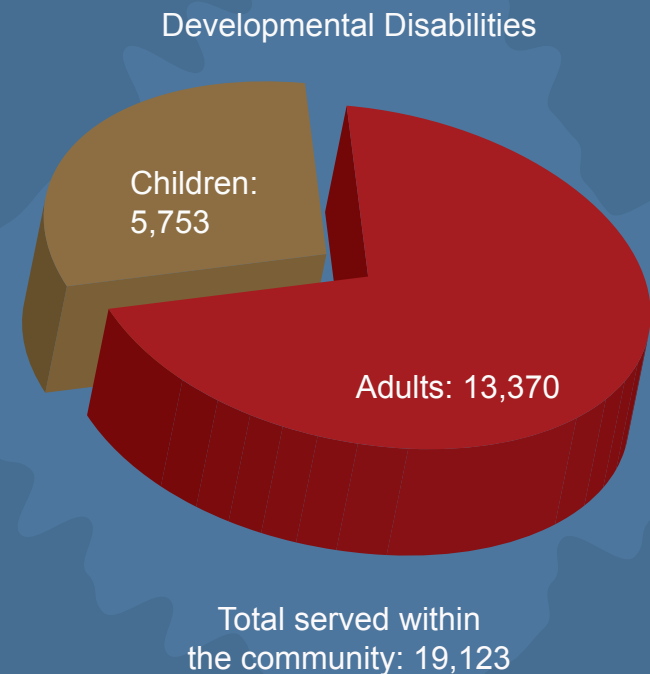
2007 Persons Served who had a Mental Health Diagnosis



Developmental Disabilities

The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services is committed to serving consumers with developmental disabilities through its state-of-the-art service offerings and Community Alternatives Program for Individuals with Mental Retardation / Developmental Disabilities (CAP-MR/DD). The program waiver provides more services and supports consumers who choose to live in the community of their choice. Because developmental disabilities are likely to continue throughout life, the services are available for as long as they are needed. These consumers are offered numerous services such as help in a crisis, day treatment, personal assistance and employment services, just to name a few. As a result of the program waiver, the division is seeing an increase in consumers with developmental disabilities who 1) receive services that help them live at home, 2) live at home and have safe day/employment settings, and 3) live away from home and participate in community activities.

2007 Persons Served who had a Developmental Disability Diagnosis



Division Spotlight

Operations Support Services Section:

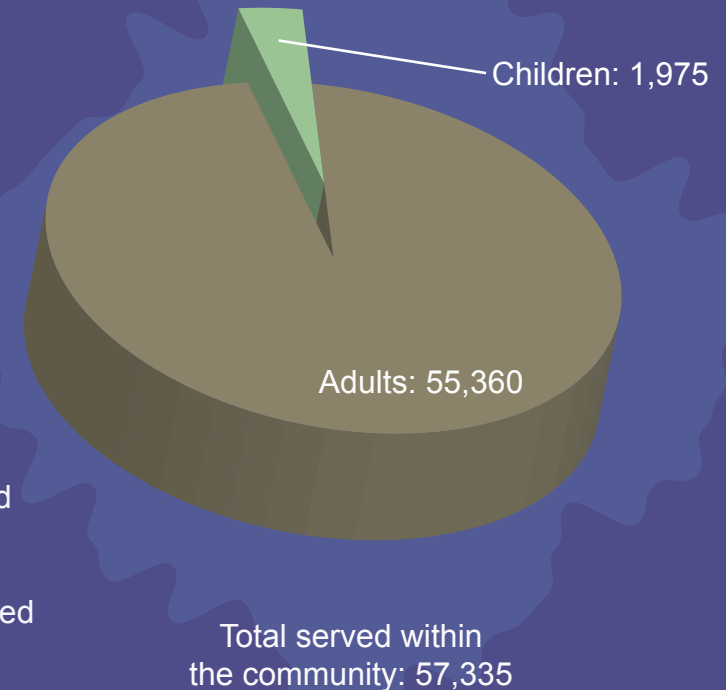
This section is responsible for providing support and ensuring coordination with DHHS and among all other sections of the division. This section is composed of three teams: the Planning Team, the Division Affairs Team and the Communications and Training Team. The Planning Team is responsible for strategic planning, planning support, project management and resource development. The Communications and Training Team is responsible for public communications, internal and stakeholder systems, communications, academic systems liaison, human resources management, and all tasks related to internal and external training. The Division Affairs Team is responsible for rule making, legislative liaison functions, client appeals, and support for the NC Commission for MH/DD/SAS.

Substance Abuse Services

2007
Persons Served who had
a Substance Abuse Diagnosis

The Division of Mental Health, Developmental Disabilities and Substance Abuse Services provide an array of services and supports to consumers and family members. Our goal is to provide services and supports to prevent, treat, reduce, or eliminate substance abuse issues. The division offers services and supports to partners at the community level to foster prevention and intervention for individuals and families through best practices and environmental change. Of the estimated 54,188 children and adolescents (ages 12-17) in need of substance abuse services (based on IPRS and claims data), 6.1% or 3,279 received substance abuse treatment services. An estimated 10,000 youth or approximately 10% (in this same age group) received prevention services (SAPTBG compliance reports). Best practices such as the Strengthening Families Program are being implemented through prevention services. The Strategic Prevention Framework (SPF) has been adopted to promote comprehensive prevention approaches throughout the state. We seek to provide services that are data-driven that meet the needs of the intended consumer, and provided by qualified, caring professionals.

Substance Abuse Services



Division Spotlight

Resource/Regulatory Management Section:

This Section is responsible for providing support throughout the Division and State facilities and providing regulatory guidance. This is accomplished by three teams. The Budget and Finance Team which is responsible for overall planning and management of the budget; the Information Services Team is responsible for the information technology components of systems management, business automation and systems support. The Accountability Team is responsible for regulatory interpretations, monitoring, pre-admission screening and annual resident reviews, monitoring for standards compliance for the provision of mental health and substance abuse services within local jails and State correctional facilities, and targeted reviews. The Contract Management and Development Team negotiates, manages and monitors non-local management entity contracts, as well as managing property, inventories and purchasing.

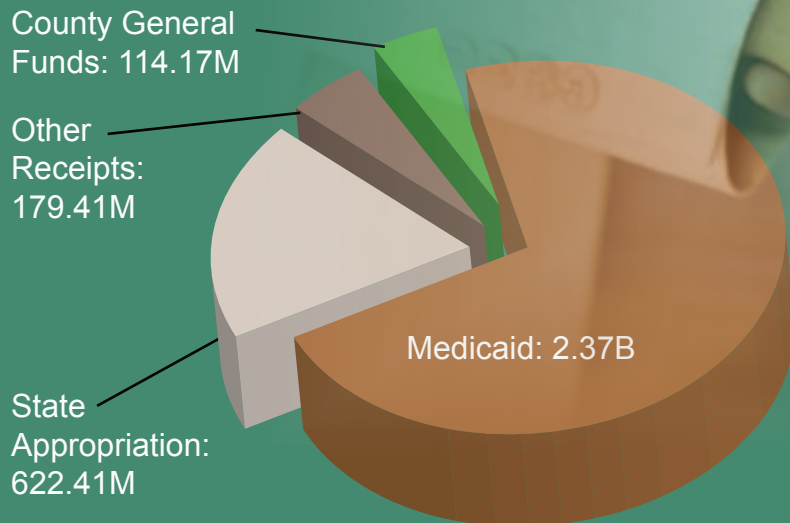
Highlighted Areas of Accomplishment

Many people across the State of North Carolina participate in the public system of services for people facing mental health, developmental disabilities, and/or substance abuse challenges. They are consumers of services, family members, peer supporters, advocates, legislators, managers and staff working as providers of services and at local management entities (LMEs).

Together, we have set our sights high and are making significant changes in the system. It is our intent during the next two years to highlight an area of accomplishment on a quarterly basis by publishing a web-based report. While the focus will be on the achievement, attention will be given to stakeholders, funding, and challenges faced. In this initial report, the accomplishments include increased availability of crisis services statewide, enhanced community services, increased access to services delivered by quality providers and building the workforce.

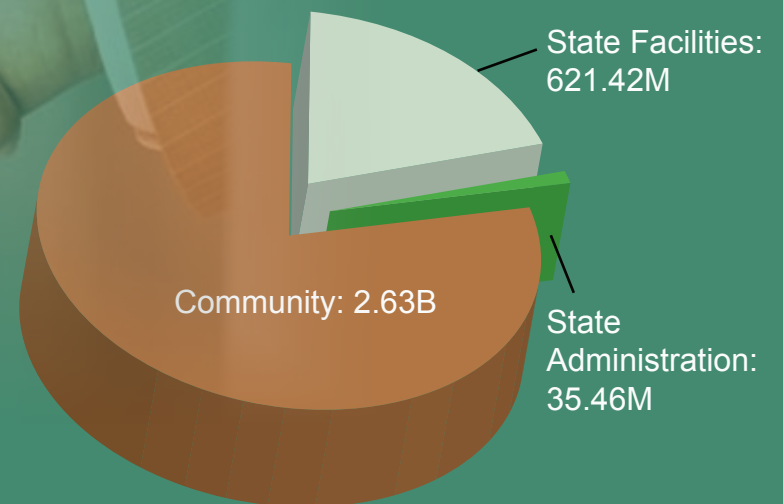
2007

**Funding of Public MH/DD/SAS
System by Sources SFY 2007 (3.28B)**



2007

**Funding of Public MH/DD/SAS
System by Setting SFY 2007 (3.28B)**



Crisis

A major effort is underway to build statewide crisis services for the public MH/DD/SAS system. Crisis services are being integrated locally as part of a comprehensive crisis services focus. In 2006, the NC General Assembly initiated funding to establish local crisis services and added \$22,947,826 for 2008-2009. As part of the process, each local management entity developed a crisis services plan. The new legislation funds mobile crisis teams, walk-in and follow-up crisis services, beds at community hospitals for psychiatric crises, START crisis model for developmental disabilities and crisis respite beds. The division and local management entities are collaborating with providers, health departments, community hospitals, NC Hospital Association and the Division of Medical Assistance to develop the statewide crisis network. The state's three Alcohol and Drug Abuse Treatment Centers (ADATCs) expanded to admit more persons with

substance abuse problems for short-term treatment rather than send them to state psychiatric hospitals. To improve continuity of care, each local management entity assigns a hospital care coordinator to help consumers return to their communities from the state psychiatric hospitals.

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Consumer Focus

Consumers and family members have the right to accessible, affordable, available and appropriate services. The division carries out several strategies to help empower consumers and family members. The division developed the *Consumer Handbook: A guide for understanding the mental health, developmental disabilities and substance abuse service system in North Carolina* to help consumers and their family members understand how to access services, assert rights and realize responsibilities. In addition, the division conducted a statewide conference as well as nine regional Consumer and Family Advisory Committee (CFAC) trainings designed to increase the effectiveness of these advisory committees. Through the trainings, consumers and family members build new skills, expand group networking, and share experiences. Division staff also conducted trainings across the state to providers, local management entity customer service and consumer affairs office staff, and to local consumers and family members.



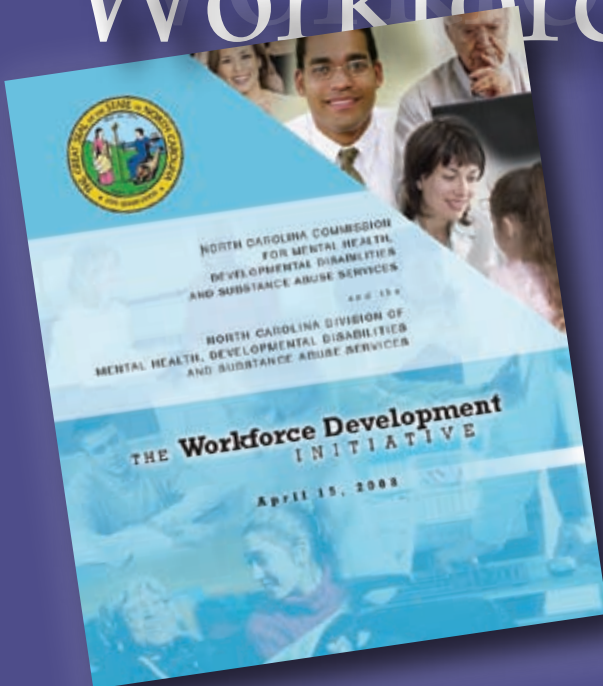
Quality Providers



National Accreditation

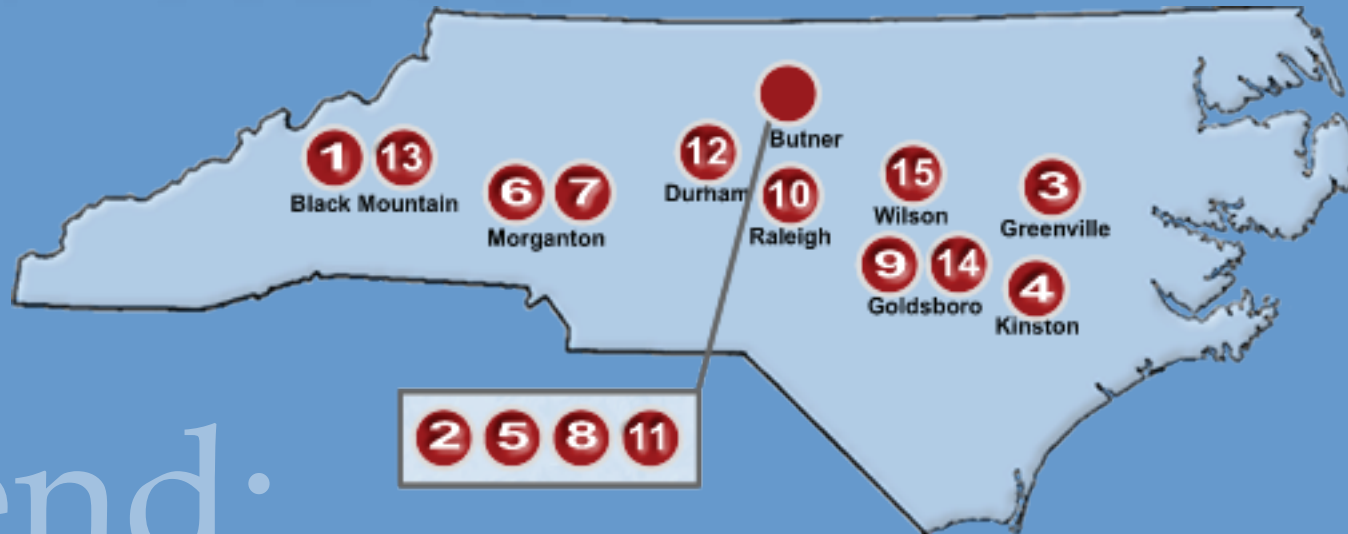
Highly qualified providers are important to the MH/DD/SAS system. The division works diligently to develop strong partnerships with service providers to ensure that the needs of individuals and families are met and that a wide range of providers are available throughout North Carolina. Provider endorsement by the local management entity is recognition that the provider meets or exceeds the requirements in rule and policy including those for training, use of evidence-based practices and quality improvement measures. Providers seeking new enrollment after July 1, 2008 for services that require national accreditation are required to earn national accreditation within a year of their enrollment as a provider. The division developed a monitoring tool to standardize monitoring of providers by the local management entities. Providers are required to enroll in the NC careLINK - an internet-based information and referral system that allows NC citizens to search for local provider services in areas such as language spoken, transportation offered and fees.

Workforce Development



As the population grows, the need for a competency-based, well-trained and stable MH/DD/SAS workforce increases. Achieving a stable workforce requires collaboration and strategies among agencies, organizations and educational institutions. The division and stakeholder partners recognize the importance of developing effective methods to retain, recruit and train employees who provide services and supports in communities and in state facilities. After a year-long study, the division and the NC Commission on Mental Health, Developmental Disabilities and Substance Abuse Services published, *The Workforce Development Initiative*, a report that examined workforce challenges for the MH/DD/SAS system. In April 2008, the report's 12 recommendations cover structures to support the workforce, broadening the concept of workforce and strengthening the workforce.

State Facilities



Legend:

Alcohol and Drug Abuse Treatment Centers

- 1 Julian F. Keith
1-828-669-3400
- 2 R. J. Blackley
1-919-575-7928
- 3 Walter B. Jones
1-252-830-3426

Developmental Centers

- 4 Caswell
1-252-208-4800
- 5 Murdoch
1-919-575-1000
- 6 J. Iverson Riddle
1-828-433-2731

Psychiatric Hospitals

- 7 Broughton
1-828-433-2111
- 8 Central Regional
1-919-764-7200
- 9 Cherry
1-919-731-3513
- 10 Dorothea Dix
1-919-733-5540

Residential Programs for Children

- 11 Whitaker School
1-919-575-7048
- 12 Wright School
1-919-560-5790

Neuro-Medical Treatment Centers

- 13 Black Mountain
1-828-669-3100
- 14 O'Berry
1-919-581-4000
- 15 Longleaf
1-252-399-2112

State Facilities web site:

<http://www.ncdhss.gov/mhddsas/statefacilities.htm>

Division Spotlight

State Operated Services Section:

This section is responsible for defining the purpose, roles and responsibilities of state operated facilities. These roles and responsibilities are developed through partnerships with regional advocates, LMEs, area/county programs, counties, provider systems and division stakeholders. This section is also responsible for enforcing statewide standards for each type of state operated service (by disability group and within unique programs). The standards reflect best practice and are understandable, accountable, appropriate, efficient, effective and consistent with national regulatory and accreditation compliance, performance and outcome expectations.

Local Management Entities

Local Management Entities (LMEs) are agencies of local government area authorities or county programs and are responsible for managing, coordinating, facilitating and monitoring the provision of mental health, developmental disabilities and substance abuse services and supports in the catchment area served. LME responsibilities include offering consumers 24/7/365 access to services and supports, developing and overseeing the provider network, and handling consumer complaints and grievances.

There are currently twenty-four (24) LMEs that serve all one hundred (100) counties in North Carolina. Many offer translation services for clients who do not speak English. For a complete list of the LME agencies, please visit: <http://www.ncdhhs.gov/mhddsas/lmedirectory.htm>.

LMEs and their Member Counties

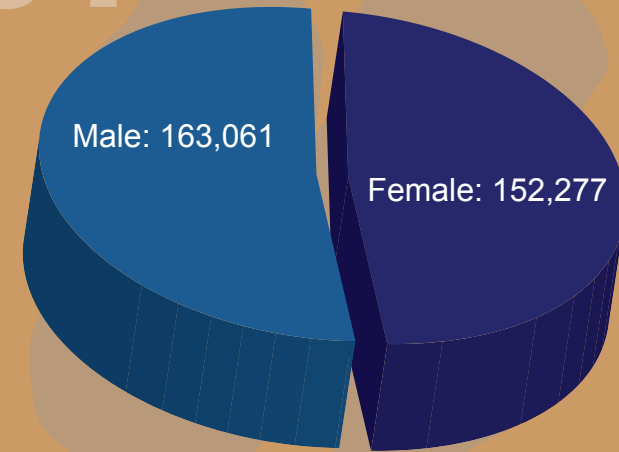


Unless otherwise noted, the LME name is the county name(s).
Reflects LMEs and regions as of July 1, 2008.

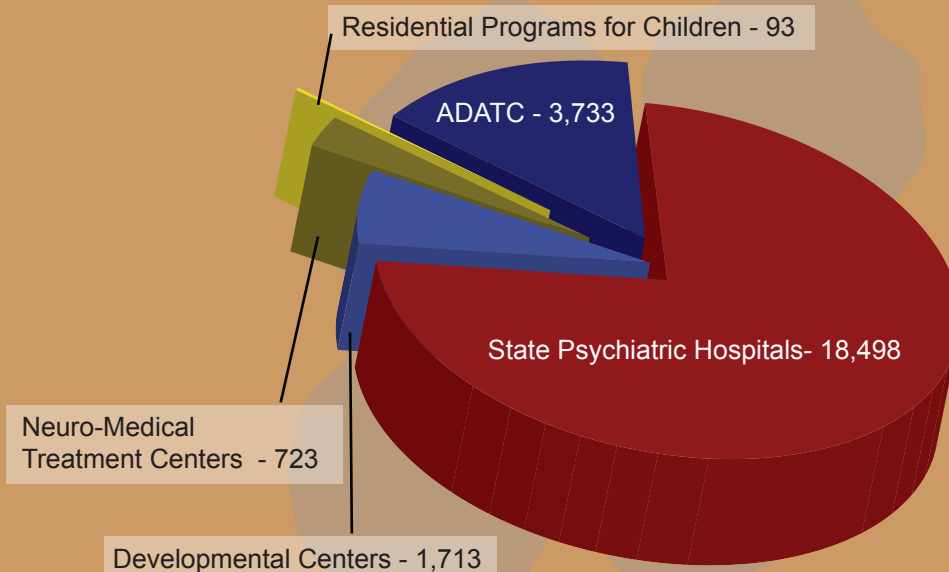
Dynamics of Person-Centered Planning

- Build on individual and family strengths.
- Support consumer empowerment and provide recovery and self-determination choices.
- Develop individual programs that promote dignity, respect, competence and appropriate independence.
- Create community connections with natural and community supports.
- Adapt planning to an individual's culture, ethnicity, religion and gender.
- Build and respect partnerships of providers and individuals and families.

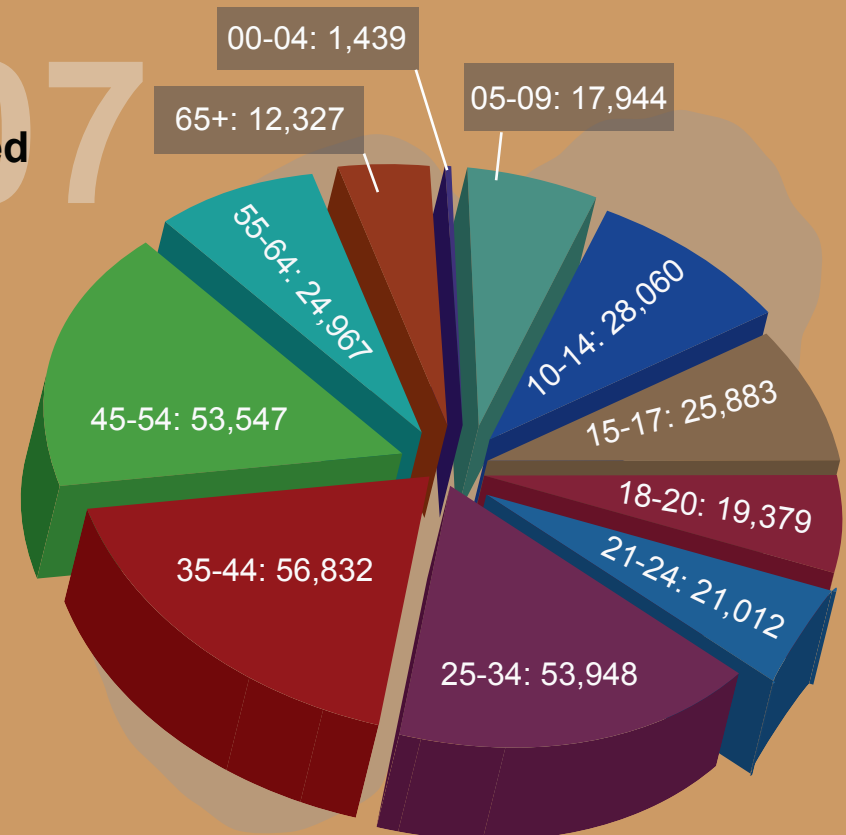
Persons Served by Gender



Persons Served by State Operated Facilities



Persons Served by Age





MH | DD | SAS

division of mental health | developmental disabilities | substance abuse services



State of North Carolina | Michael F. Easley, Governor | Department of Health and Human Services | Dempsey Benton, Secretary
North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services | <http://www.ncdhhs.gov/mhddsas>
contactdmh@ncmail.net | 3003 Mail Service Center, Raleigh, NC 27699-3003
DHHS Care-Line (Spanish/TTY): 1-800-662-7030

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